



United States Environmental Protection Agency
Office of Drinking Water
Washington, DC 20460

UIC Federal Reporting System

Form Approved
OMB No 2040-0042
Approval Expires 6-30-98

I. Reporting Period

From

To

Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act.)

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement									VI Date Compliance Achieved	
			Date of Violation	Mark ("X") Violation Type							Date of Enforcement	Mark ("X") Enforcement Type									
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)		Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)		

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Date

Telephone Number

Instructions and Definitions

The quarterly Exceptions list is used to track wells reported in significant noncompliance (SNC) on EPA Form 7520-2B for two or more consecutive quarters without being addressed with a formal enforcement action or re-turned to compliance. Any SNC reported on Form 7520-4 shall be reported until the SNC is resolved. Once a SNC is reported as resolved, it need not appear in subsequent reports

Section I - Reporting period

All reporting is cumulative, year to date, beginning with October 1.

Section II - Well Class and Type

Enter the well class and type of each well in SNC for two or more consecutive quarters. For Class I wells, specify IH for hazardous waste, IM for municipal waste, II for industrial waste. For Class II wells, specify IID for saltwater disposal, IIR for enhanced recovery, IIH for liquid hydrocarbon storage.

Section III - Name and Address of Owner/Operator

Enter the name and address of the owner/operator of the injection well. Use multiple lines of the form if needed. (You may use one form for each owner/operator.)

Section IV - Well ID No. (Permit No.)

Enter the I.D. number of the injection well in SNC. If the well has a UIC permit number, enter this as the I.D. number.

Section V - Summary of Violations

Enter the date the SNC violation was first identified and place an "X" in the appropriate column. In the event that there were multiple SNC violations for a single well, enter each violation and the date it was identified on a separate line.

Section VI - Summary of Enforcement

Enter the date an enforcement action was taken against the SNC violation and place an "X" in the appropriate column. In the event that there were multiple enforcement actions, enter each enforcement action and the date it was taken on a separate line.

Paperwork Reduction Act

Public reporting burden for this collection of information is estimated at an average of 10 hours per quarter, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.